

Name

Mailing address

RECEIVED

FEB 1 1 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:
House

District

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate

MAINEETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

City, zip code Portland (NE 04103	Phone 797.9638
	E DERIVED FROM EMPLOYMENT BY ANO	
List the name and address of each employer from economic activity of each employer.	in whom you received compensation of \$1,000 c	or more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine		Legiolitie Salry Per Dien
		то до в местоновическу и проценению поческого с становического компосительного общений в поческого общени
(For	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	T
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major areas of economic activit ssociation, or similar business entity, list the ma	ry from which you derived income. If jor areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar
Name:	and the second s	business entity)
Address:		
Name: Address:		

PART 2 (continued). INCOME DERIVED (For Legislators who are se		NT Market and Market and Market
B. List each source of income derived from self-employment that represent greater, and specify the principal type of economic activity of the entity of disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	r person from whom you derive	d such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic tivity of Entity or Person Who is the Source of the Income
Name:	allines (2) Secretar of the first section of the fi	e needen een een ste een een versche montman en made en met en met een de een de een de een de een de een de e Een de een d
Address:		:
Name:	*	
Address:	. Li Africa de	
PART 3. MAJOR AREAS (For Legislators who are altorn	eys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major	areas of practice of your firm. Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name:		
Address:		
Name:	NGSP-1240-AS (PROMP) - A-A-MINI HIMBOHIMA MARIANI HIMBOHIMA MARIANI PER	ACTION AND ACTION AND ACTION A
Address:		
	1	
PART 4. OTHER SOURCE	S OF INCOME	7整等在4000000000000000000000000000000000000
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of	this form. Do not include gifts.	If none, check the box.
None	akretik kritik kritik (m. 1975 g. 1984 g. 1884 g. 1885	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: JFC Trust	·	Repl hore
Address: 62 Deephood It Porthad	ME OYIOS V	westmenthione
Name: Dansher CDHR)	AMERICAN AND AND AND AND AND AND AND AND AND A	Capital Gai
Address:	:	
PART 5. REPORTABLE	LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or l		
None	The product of the second of t	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		

Address:

PART 6	REPORTABLE GIFTS
15-20-11 (max langer)	clude gifts with an aggregate value of more than \$300 from a single source.
None	THE CONTRACTOR OF THE PROPERTY
Name of Source of Gift	Name of Source of Gift
1. Worn legislate Collins	ration3. Mane Medical Assoc.
	The state of the s
Lyxnax (erone a)pr	equblés
	EPORTABLE HONORARIA
None	or speeches related to your legislative responsibilities. If none, check the box.
Name of Source of Honoraria	М. Долга — 5 С С с с с с с с с с с с с с с с с с с
170 A TO SELECT OF THE PROPERTY OF THE PROPERT	Name of Source of Honoraria
1. Hyt Reserve Group	3.
2.	4-
PART8 REPRESEN	TATION BEFORE STATE AGENCIES
	cented or assisted others for compensation of any amount. If none, check the
DOX.	ented of assisted others for compensation of any amount. If home, check the
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSIN	IESS WITH STATE AGENCIES
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	of income of \$1,000 or more received by your spouse or domestic partner or of income represented. If your spouse or domestic partner received \$1,000 include gifts
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income
	Income Received
Name:) zones I. (otter Job Title: Partner Von II Dana	1. Spouse or 1. Detter ships
Job Title: Dertage Viscoll Trees	2. gardinent Spouse or Domestic 2. Amus (5) ry 2. gardinent Partner - (a) 75 h alus
12 120 VOMIN JANA	3. (Classes) 3. (VACS+ bms
The state of the s	Dependent d (vdc)
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	Dependent
activity and the kind of income.	Child
	Dependent Child

ologi SA, SA, AY Karagasa katawa	PART 1	1. OFFICER OR DIRECTOR	POSITIONS *		
any office, trus	offit or nonprofit corporation, firm, assiteship, directorship, or position of a steel. If a family member listed, indicated.	ny nature. Indicate whether you	or a family held the p	osition and whether	
☐ None	near in a family morning motor, motor	ato your rolationomp and the flam			· · · · · · · · · · · · · · · · · · ·
n medicine and community funded by supplying for	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
MACHINE THE	HUNDANT THE	Picelon Vicerosia Scortin	Sef		tost)
Veñl	Danz	Pertner	Hisbort	Jones I.	yes
Ris	1 Tee	Bord	[fishad	Jones I Cotter	10
	COMPANY AND	SIGNATURE			
Λ Logislator w	ho willfully fails to file a required		of up to \$100 (1 N	ARSA 81017-4	
_	I filing of a false statement is a 0				
willfully filed a	false statement, it shall refer its t	indings of fact to the Attorney	General. (1 M.R.	S.A. § 1019)	
9	Signature		2/2/0	√ Oate	minam maaaa
//					
		ADDITIONAL INFORMATION			
	e any additional information belon you are providing.	ow (and on additional sheets i	f needed). Indicate	e the part or secti	on number for
Part/Section Number	and the district control of the desire to the desire of th	Mary of the state	TO ALTO ANTICOME CONTRACTOR OF THE WASHINGTON THE STATE OF THE PARTY CONTRACTOR OF THE PARTY CONTRACTO	e for the confidence of the control of the confidence of the confi	And the second s
4	Coner	oip (CELN)	ulina kurili era i kurili era eta era era era era era era era era era er	Copibl	920
11	Jacobst	TPUS	tee S	Elf Cina	ore distrib
The same of the sa	North Deern A Neighborhood A	ore. Borl	Menso	Hosband Inest	no
manus.	Mire Chomser Converce	€ ₹		COHEN 11	140 196
-	Portland Regio	FOR WIT		l1	146 No
11	Mine ASSOC-	+Medisters '	•	~(1 1 10